STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555903	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens of El Monte	5044 Buffington Rd El Monte, CA 91732

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to implement its Policy and Procedure (P&P) titled, Abuse Reporting and Prevention,ˆfor two of three sampled residents (Resident 6 and Resident 7) when the facility did not report two resident to resident abuse allegations (a claim that abuse has occurred) to the California Department of Public Healthˆ(the Department), the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities), and to the local law enforcement, within two hours. This failure resulted in the delay of notification to the Department and had the potential for Resident 6 and Resident 7 to be subjected to abuse while at the facility. A. During a review of Resident 6's admission Record (AR),the AR indicated the facility admitted Resident 6 on 2/19/2026 with diagnoses including metabolic encephalopathy (a brain dysfunction caused by chemical imbalances in the body), paranoid schizophrenia (a type of schizophrenia [a mental illness characterized by disturbances in thought] associated with feelings of being persecuted or plotted against) and major depressive disorder (a serious mental health condition that causes a persistent feeling of sadness and loss of interest). During a review of Resident 6'sˆMinimum Data Set (MDS, a resident assessment tool), dated 5/27/2026, the MDS indicated Resident 6's cognitive skills (ability to make daily decisions) were intact. The MDS indicated Resident 6 was independent with toileting hygiene, upper and lower body dressing, and putting on/taking off footwear. ˆResident 6 required set up or clean up (helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) for personal hygiene. Resident 6 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with showering. During a review of Resident 6's History and Physical (H&P), dated 2/20/2026, the H&P indicated Resident 6 did not have the capacity to understand and make decisions. During a review of Resident 6's SBAR Communication Form (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 6/2/2026, the SBAR indicated Resident [6] verbalized that [Resident 6] was hit by [another] resident on the chest. During an interview on 6/4/2026 at 12:15 pm with Resident 6, Resident 6 stated Resident 5 had hit Resident 6 once on the chest. B.ˆ During a review of Resident 7's AR, the AR indicated the facility originally admitted Resident 7 on 6/1/2026, with diagnoses including schizoaffective disorder, bipolar type (a mental health condition that includes features of both schizophrenia and bipolar disorder [sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs]), and hypertension (high blood pressure). During a review of Resident 7's H&P, dated 6/2/2026, the H&P indicated Resident 7 could make needs known but could not make medical decisions. During a review of Resident 7's SBAR, dated 6/2/2026, the SBAR indicated, Resident [7] verbalized that [Resident 7] was hit by another resident on [the] left front shoulder while using the phone. During an interview on 6/4/2026 at 11:45 am with Resident 7, Resident 7 stated a man hit Resident 7 on Resident 7's left shoulder. During an interview on 6/4/2026 at 3:00 pm with the Social Service Director (SSD), the SSD stated on 6/2/2026 Resident 6 informed the SSD that Resident 6 was hit on the chest by a male resident during the weekend of 5/30/2026 to (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/31/2026. The SSD stated on 6/2/2026 Resident 7 informed the SSD that Resident 7 was hit on Resident 7's left shoulder by a male resident.^ The SSD stated on 6/2/2026 the SSD notified the Director of Nursing (DON) and the Administrator (ADM) of both incidents.^ During an interview with the DON on 6/4/2026 at 4:00 pm, the DON stated we did not report the alleged abuse for Resident 6 and 7 within 2 hours as per our P&P. During an interview with the ADM on 6/4/2026 at 4:15 pm, the ADM stated it was the policy of the facility to report allegations of abuse within two hours of being notified of the abuse. The ADM stated the facility was notified on 6/2/2026 of alleged abuse against Resident 6 and Resident 7 but did not report the abuse to the Department within 2 hours of being notified. During a review of the facility's P&P, dated April 2024, the P&P's purpose indicated, To ensure that residents rights are protected by providing a method of investigation and reporting of alleged violations involving mistreatment, neglect, abuse including injuries of unknown sources, unusual occurrences, unauthorized photographs, unauthorized video recordings, unauthorized postings on social media of nursing home residents and misappropriation of resident property.^ This also includes any physical or chemical restraint not required to treat a resident's symptoms. The P&P's policy indicated, The administrator, or his/her designee, will report each alleged abuse to the Ombudsman's office and the Department of Public Health immediately or within 2 hours.